

## Costly Mythology in Health Care

THE SOCIAL MYTHOLOGY underlying many aspects of health care has received very little attention. There are a number of widely held beliefs which appear to be more or less completely accepted as fact by social, economic and political leaders and by the public. As a result of this acceptance they have become important elements in the health care crisis. Enormous amounts of money are now being spent in the furtherance of these beliefs although, when viewed with detachment, they seem to have many of the characteristics of social or cultural myths. A few more of the more costly of these myths are briefly considered.

*Scientific medicine can bring good health if it is readily available and used correctly. (Myth)*

This belief appears to be widely accepted. It has led to a near equating of good health and good health care delivery. Whenever good results are not achieved someone, be it the delivery system or the practitioner, is held to account. The principle which has emerged and is being applied both to delivery system and to practitioner is *res ipsa loquitur*. The fact of course is that medical science is not exact and never will be, and that the actually quite limited capability of medical practice has been greatly oversold to the public and its social, economic and political leadership. Their resulting efforts to make the dream come true, and to compensate the frustration when it does not, are certainly costly and often wasteful.

*If we simply apply what we know of medical science through better delivery of health care services to all our people, then our morbidity and mortality statistics will be as good or better than those of other nations. (Myth)*

This belief has become widely accepted and, as is usually the case with myths, it has become almost an article of faith in some quarters. Its fallacy lies in an assumption that morbidity and mortality statistics are a reflection of health care services and nothing else. The fact is that no amount of health care services can overcome inadequacies of nutrition, housing, education or economic status—and in this nation the problem is at least as much with these, and with a potpourri of cultural differences, as it is with availability and delivery of adequate health services. A great deal of health care money is being spent in an ill-starred expectation that an improved availability of health care services will bring health to the urban and rural ghettos.

*People will always do what is prudent to protect their health. (Myth)*

Health care professionals and others interested in health care generally are apt to make this assumption. For example, physicians often quite naively assume that patients will always follow their advice. Frequently this is not the case and seldom does the physician discover that his advice is not being followed. Actually it is the nature of man more to risk than to protect his health, whether for excitement or satisfaction or to achieve some purpose. The truth is that the strongest incentives to health care are pain and fear, and even these must be of significant intensity or duration. The myth that everyone will do everything he should do for his health is very real, and substantial waste of money and energy in health care may be ascribed to it. The waste may be found in such things as the dispensing of drugs which are never consumed or the provision of prevention or detection services which often may not be used by those who need them most. It is dangerous indeed to assume everyone else thinks the same way we do, whether we are health professionals or not.

*Practicing physicians have not been able to keep up with progress in medical research and therefore their patients are not receiving the benefits of recent scientific progress. (Myth)*

This belief is of fairly recent origin and appears to result from statements by deans of medical schools and others that the half life of medical

education today is only about ten years, and from an apparent failure of the enormous financial commitment to medical research during the past two decades to bring about a commensurate improvement in health. The facts are that physicians in daily practice probably keep up far better than is generally realized, although this is hard to measure, and that real scientific breakthroughs which bring about dramatic improvements in patient care are far less frequent or numerous than is generally believed. After all much of the research which must be done to bring about these important achievements is basic research with little or no direct bearing on patient care. To satisfy this myth, and without determining to what extent a disparity between medical science and medical practice really exists, costly and time-consuming programs of continuing education are being undertaken in response to public and political pressures.

There are many other cultural myths which lead to waste of the time and talent of health manpower, to higher than necessary costs in health care, and thus to the grand total of the health care crisis. Myths are powerful forces which must be reckoned with in any society. Generally they contain some modicum of truth. They tend to survive in the absence of more precise knowledge. These few we have discussed are no exceptions. They may have even more than a modicum of truth. Scientific medicine *can* be used to improve health. Good health care services applied where they have not been used or available *can* improve morbidity

and mortality statistics. People *do* have an interest in their health, and practicing physicians *do* have difficulty in keeping up. But as yet we do not have the hard data to supplant pervasive myth with incontestable fact. Thus these social myths pertaining to health care not only survive in their all-pervasive force, but give rise to an enormous waste which contributes substantially to the health care crisis.

The cost in dollars of this cultural mythology in health care cannot even be estimated, and without more facts it is unlikely that the cost will be reduced. It is doubtless increased further by another American myth (given credence by the Manhattan Project and the Apollo program)—that if one is willing to spend enough money anything can be accomplished. There is evidence that this principle too has been applied in health, first in research in health sciences, and more recently in the financing of health care. Apparently forgotten, unfortunately, was that both know-how and resources must be available for this approach to be successful.

But in any case, and for better or worse, social and cultural myths are not to be discounted in American society, nor is their effect upon the cost of health care and on the health care crisis. Paul Ward, Executive Director, California Committee on Regional Medical Programs, has put it well: "In an organized society such as ours, and especially in the field of social programs, dominant myths are often more real than reality itself."